

Liberty **Golf**

General and
specific
conditions



Liberty
Seguros

Protecting the values in your life.

Liberty Golf

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General Conditions

Liberty Golf

Preliminary article

This Golf insurance contract (the "Contract") is hereby established between Liberty Seguros S.A., hereinafter designated as the "Insurer", and the Policyholder mentioned in the Specific Conditions. This Contract is governed by the General, Special and Specific Conditions of this policy in accordance with the declarations contained in the proposal which was the basis for the Contract and which is an integral part thereof.

1. CONTRACT DEFINITIONS, OBJECT AND COVER, TERRITORIAL SCOPE AND EXCLUSIONS

1.1. Definitions

Article 1

The following will be understood for:

Insurer

Liberty Seguros, S.A.

Policyholder

The person or legal entity who signs the Contract with the Insurer and who is responsible for paying the premiums.

Insured Party

The golfer in whose interest the Contract is signed.

Third Party

Any party who, as a consequence of an incident loss caused by the Insured Party covered by this Contract, suffers an injury which gives rise to damages that may, in the terms of civil law and this policy, be compensated.

Beneficiary

The individual or collective entity to whom the Insurer's payments are made in the event of the death of the Insured Party.

Incident loss

An event or series of events resulting from the same cause which activates the Contract cover.

Excess

The fixed amount which, in the event of an incident loss, will be paid by the Insured Party. The excess is stipulated in the Specific Conditions. The excess amount cannot be demanded from third parties.

1.2 Contract Object and Cover

Article 2

The object of this Contract is to guarantee the payment, up to the limit fixed in the Specific Conditions and in accordance with the provisions of the respective Special Conditions, to the Insured Party and/or Third Parties of the compensation amounts foreseen in the cover indicated below:

- a) Civil Liability;
- b) Personal Accidents (Death or Permanent Disability / Treatment Expenses);
- c) Assistance given to Insured Parties;
- d) Damage to Golf Equipment:
- e) Hole in One.

1.3 Territorial Scope

Article 3

This Contract's cover is valid for accidents / incident losses occurring in any country in the world, except for the United States of America and Canada.

1.4 General Exclusions

Article 4

This Contract does not cover, in any situation, injuries and/or damages resulting from the following:

- a) dishonest acts or omissions of the Policyholder or the Insured Party; acts or omissions occurring when those parties are drunk, under the influence of narcotics or other drugs not prescribed medically; any other state which those parties are in and which prevents them from understanding what they are doing or exercising their free will;
- b) war, acts of terrorism, strikes, riots and/or public order disturbances;
- c) explosion, liberation of heat or radiation coming from the disintegration or fusion of atoms, artificial particle acceleration or radioactivity;
- d) natural phenomena, such as storms, earthquakes, tsunamis and lightning strikes;
- e) the use of firearms.

2. BASIS, START, DURATION, REDUCTION, RESOLUTION AND ANNULMENT OF CONTRACT

2.1 Basis of the Contract

Article 5

1. This Contract is based on the Policyholder's statements in the policy proposal and those made throughout the duration of the same. These statements must mention, with complete truth, all the facts and circumstances which allow the risk to be calculated accurately and which may influence the acceptance of the referred Contract or the correct determination of the applicable premium.

2. The designation of the insured objects and the respective amounts indicated by the Policyholder or the Insured Party are the sole responsibility of those parties and does not imply the recognition by the Insurer of their existence or the amounts assigned thereto.

2.2 Start of Contract

Article 6

1. This contract is considered to be celebrated for the period of time established in the policy's Specific Conditions and, as long as the premium or initial part thereof has been paid, comes into effect at zero hours of the day immediately after that when the insurer accepts the proposal except if the parties agree on another date when the policy should come into effect. The latter date cannot be prior to that when the proposal was received by the insurer.

2. The proposal is considered to be accepted on the fifteenth (15th) day after it is received by the Insured Party except if, during that period, the potential Policy holder is notified of refusal, early acceptance or the need for gathering additional information essential for assessing the risk.

2.2 Contract Duration

Article 7

1. The Contract can be celebrated for a fixed and specified period (temporary insurance) or for rolling one (1) year period.

2. When the Contract is celebrated for a specified time period, it will cease to be valid at midnight (24h00) on the final day of the period in question.

3. When the Contract is celebrated for rolling one year periods, it will be successively renewed every year unless one of the parties gives notice, by registered post or by any other written means, sent at least 30 days prior to the end of the annual period, or if the Policyholder does not pay the premium in the terms of n° 1 of Article 8.

2.3 Reduction and Resolution of the Contract

Article 8

1. If the policyholder does not pay the insurance premium for a coming year, or a part thereof, the Contract will either not be renewed or will be automatically and immediately ended on the date when the payment was due.
2. The policyholder can, at any time, reduce or resolve this Contract by sending notice by registered post or by any other written means, at least 30 days prior to the date when the reduction or resolution is to take effect.
3. The reduction or resolution of the Contract will take effect at midnight (24h00) on the day it occurs.
4. The premium amount to be returned to the policyholder in the case of early cessation of the Contract will be calculated proportionally according to the time left until the next payment would have been due.
5. However, if the resolution occurs at the Policyholder's initiative and that party does not invoke any legal or contractually valid reason, the premium amount to be returned will be calculated without prejudice to the applicability of the current tariff rules concerning temporary policies and minimum premiums, and the Insurer can also deduct the expenses and charges which it can prove it had to bear, including those resulting from the duration initially foreseen for the Contract and those resulting from the adjustment of incident losses.
6. Should the resolution take place after an incident loss has occurred, for the purposes of calculating the part of the premium to be returned, only the part of the insured capital which exceeds the compensation amount paid will be taken into consideration.
7. If the Insurer resolves the Contract as a consequence of fraud committed by the Policyholder or any insured person, it will have the right, as a penalty for the early ending of the Contract and without prejudice to its right to demand compensation for other losses and damages, to take possession of the amount equal to the premium for the period of contractual time which remained at the time the resolution took effect.
8. Whenever the Policyholder is not the same person as the Insured Party, the latter must be notified, with at least 30 days notice of the resolution or, in the case foreseen in n° 1, if the Insurer has not been notified, no later than 20 days after the non-renewal or automatic resolution foreseen therein.

2.4 Annulment of the Contract

Article 9

1. This Contract is considered to be null and void and, consequently, will not take effect in the case of an incident loss, when the Policyholder or the Insured Party have made inaccurate declarations or have withheld and/or omitted facts or circumstances known to them which might have influenced the celebration of the Contract or the conditions thereof.

2. If the referred inaccurate declarations, withheld information and/or omitted facts were done in bad faith, the Insurer has the right to keep the premium amount paid, even though the Contract may be annulled in the terms of the previous number.

3. AGGRAVATION OF RISK, VALUE INSURED, PAYMENT OF COMPENSATION, EXCESS, INSUFFICIENCY OF CAPITAL AND COEXISTENCE OF CONTRACTS

3.1 Aggravation of Risk

Article 10

1. The Policyholder and/or the Insured Party undertake to communicate to the Insurer by registered post or by any other written means, within eight (8) days of the facts being known, all changes to the risk which might aggravate the liability assumed by the Insurer.

2. The absence of the communication referred to in the previous number constitutes grounds for the termination of the Contract under current legal terms.

3. Unless expressly agreed to the contrary, the policy takes full effect for the aggravated risk between the date of aggravation, providing this has been communicated in the terms of number 1, and the date of the termination of the Contract by either of the parties.

4. The Insurer has eight (8) days from the date of the risk aggravation communication to accept or refuse this.

5. If it accepts the risk aggravation, the Insurer will communicate the new conditions within the period referred to in the previous number, setting them out as an additional note to the Contract.

6. If it refuses to accept the risk aggravation, the Insurer will inform the Insured Party within the same period referred to in number 4 that it is terminating the Contract.

7. In the case foreseen in number 5, the Insured Party will have the same length of time of eight (8) days from the Insurer's communication to terminate the Contract if it does not accept the new conditions.

8. The changes will be considered to be tacitly accepted if neither of the parties make any communications to the contrary within the periods foreseen in this article.

3.2 Amount Insured

Article 11

1. The Insurer's liability is always limited, no matter how many people are injured in an incident loss, to the maximum amount fixed in the Specific Conditions of the policy.

2. Unless agreed otherwise:

a) When the compensation awarded to the injured parties is equal to or exceeds the insured capital, the Insurer will not bear legal expenses;

b) If it is less, the Insurer will bear the compensation and the legal expenses up to the limit of the insured capital;

c) The Insured Party undertakes to reimburse the Insurer for legal expenses paid by the latter if these, together with the compensation awarded, exceed the maximum amount fixed in the Specific Conditions of the policy.

3. The Insurer will bear lawyers' and solicitors' fees if it has chosen to use their services.

4. When the compensation due to the injured party consists of periodic income, the Insurer will assign the part available of the insured capital to the setting up of the respective mathematical provision in accordance with the technical bases officially established for this purpose.

5. After an incident loss has occurred, the insured capital will be automatically replenished, without prejudice to the payment by the Policyholder of an additional premium corresponding to this replenishment.

3.3. Compensation Payment

Article 12

1. Unless agreed to the contrary in the Specific Conditions, the Insurer will make the compensation payment in Euros and in Portugal, with it being understood that the Insurer's obligation is fulfilled when it informs the Beneficiary that the amount that it is due to pay as compensation according to the applicable law has been deposited in the Beneficiary's favour in a bank legalised to operate in Portugal.

2. The indicative exchange rate fixed by the Bank of Portugal for the day when the deposit is made will be used for converting foreign currency amounts to Portuguese currency.

3.4 Excess

Article 13

1. Through an agreement expressly made, the Insured Party can be responsible for paying part of the compensation due to third parties. However, this cover limitation cannot be imposed on the injured parties or their heirs.

2. In the case of claims made by third parties, it is up to the Insurer to fully meet the compensation due, without prejudice to being reimbursed by the Insured Party with the excess amount fixed.

3.5 Capital Insufficiency

Article 14

If there are several parties injured by the same incident loss and the amount of damage exceeds the capital insured, the Insurer's liability to each of those parties will be reduced proportionally in relation to the amount of the respective damages suffered until matching the capital insured.

3.6 Coexistence of Contracts

Article 15

1. Under penalty of answering for losses and damages, the Policyholder must inform the Insurer of the existence of other policies covering the same risk.

2. If, at the time of the incident loss, there is more than one insurance contract covering the same risk, this policy will only function if there are no earlier insurance policies or if such policies are null and void, do not provide cover or give insufficient cover.

4. PAYMENT AND ALTERATION OF PREMIUMS

4.1 Payment of Premiums

Article 16

1. The premium or initial fraction thereof is due on the date the contract is signed; the contract only takes effect once the respective payment has been made.

2. Without prejudice to the provisions of number 6, the subsequent premiums or fractions thereof are due of the dates set out in the policy, with the system foreseen in numbers 3 to 5 being applicable in this case.

3. The Insurer must, within 60 days of the date when the subsequent premium or fraction is due, notify the Policyholder in writing, indicating that date, the amount to be paid, the form and place of payment and the consequences of failing to pay the premium or fraction.

4. For insurance contracts in which the premium payment is divided up with payment intervals of less than a quarter and in which the due dates and amounts to be paid are set out in the contract document, together with the consequences of failing to pay the premium or fraction, the Insurer may opt not to send the notification foreseen in the previous number. In such cases the Insurer must prove that the contract has been issued to, and accepted by, the Policyholder.

5. Under the law, non-payment of the premium or fraction thereof by the date indicated on the notification signifies the automatic and immediate non-renewal or termination of the contract on the date when the payment was due.

6. The provisions of the Special Condition "Variable premium contract and open policy contracts" are applicable to variable premium and open policy contracts.

7. The non-payment of an additional premium by the date indicated on the notification, if this results from a request made by the Policyholder for an extension of cover and does not signify any aggravation of the initial risk, will signify that the contractual conditions in place prior to that request will be maintained.

8. The insurance policy is considered to be current whenever the receipt has been delivered to the Policyholder by an entity expressly designated by the Insurer to receive the respective premium.

4.2 Alteration of the Premium

Article 17

Unless there is a change to the risk involved, a change to the premium applicable to the contract can only be made on the next contract anniversary.

5. OBLIGATIONS OF THE INSURER AND THE INSURED PARTY

5.1 Insurer's Obligations

Article 18

1. The Insurer will take the place of the Insured Party in the friendly or disputed loss adjustment for any incident loss which, under the context of this Contract, takes place during the period the latter is in effect.
2. The investigations and appraisals necessary to characterise the incident loss and to assess the damages must be done by the Insurer with suitable speed and diligence, under penalty of being liable for the losses and damages.
3. Without prejudice to the provisions of article 11, the Insurer will bear the expenses, including legal expenses, resulting from the loss adjustment referred to in the previous numbers.
4. The compensation must be paid as soon as the investigations and appraisals necessary for recognising the Insurer's liability and for fixing the amount of damages have been completed.
5. If more than forty five (45) days have passed since the time when the Insurer has been in possession of all of the indispensable elements for reparation of the damages or the payment of the agreed compensation and the Insurer has not fulfilled that obligation for a reason that is unjustified and attributable to it, then the Insurer will be considered to be overdue with its payment obligations and interest at current legal rates will be applicable to the compensation amount.

5.2 Insured Party's Obligations

Article 19

1. In the case of an incident loss covered by this Contract, the Insured Party, under penalty of being liable for losses and damages, must:
 - a) Communicate that fact in writing to the Insurer in the shortest possible period of time, and never longer than eight (8) days, from the day of the occurrence or the day when it, the Insured Party, became aware of the occurrence;
 - b) Take all measures in its power to limit or avoid the consequences of the incident loss.
2. Neither, under penalty of being liable for losses and damages, can the Insured Party do any of the following:
 - a) Make any extra-judicial payment of compensation claimed, without the written authorisation of the Insurer, draw up offers, assume commitments or carry out any act recognising the Insurer's liability, or fixing the nature and amount of the compensation or which, in any way, might establish or signify that the Insurer is liable;
 - b) Give advice and assistance or advance money in the name or under the responsibility of the Insured Party without its express authorisation;
 - c) Make it possible, through omission or negligence, for a third party to obtain a favourable decision, when the Insurer is not immediately informed, in the context of any legal case brought against the Insurer on account of an incident loss covered by the policy.

3. Under penalty of being liable for losses and damages, the Insured Party must give the Insurer the right to direct and resolve the processes resulting from the incident loss covered by the policy, signing a full letter of proxy as well as supplying and facilitating all the documents, witnesses and other proof and elements that it is able to.

6. DIVERSE PROVISIONS

6.1 Communications and Notification between the Parties

Article 20

For any communications or notifications between the parties foreseen in this policy to be considered valid and fully effective, it is sufficient for them to be made by registered post or by any other written means, sent to the last-known address of the Policy holder or of the Insured Party given in the Contract, or to the Insurer's registered company offices, as applicable.

6.2 Right of Recourse

Article 21

Once the compensation has been paid, the Insurer will have the right of recourse against the Insured Party when the accident results from:

- a) Any infraction of the laws and/or regulations of golf;
- b) Fraudulent acts or omissions on the part of the Insured Party or by people which the latter is civilly responsible for;
- c) Brawls, disorderly acts, drunkenness or the use of non-medically prescribed narcotics.

6.3 Subrogation

Article 22

1. Once compensation has been paid, the Insurer is subrogated, up to the limit of the compensation amount, with regard to all of the Insured Party's rights against third parties responsible for the losses. The Insured Party must take all steps necessary for these rights to be realised.

2. The Insured Party will be liable for losses and damages arising from any voluntary act or omission that may prevent or prejudice the exercising of these rights.

6.4 Applicable Legislation and Arbitration

Article 23

1. The law applicable to this Contract is Portuguese law.
2. All disagreements that may arise with regard to the interpretation, integration and/or application of this Contract can be resolved by means of arbitration, in the terms of current legislation.

6.5 Jurisdiction

Article 24

The competent court to resolve any dispute arising from this Contract is that which has jurisdiction for the locale where the policy was issued.

Special Conditions

Special Condition 1

Civil Liability

1.1 Scope of Cover

Article 1

This cover guarantees, up to the limit indicated in the Specific Conditions, the pecuniary consequences of the extra-contractual civil liability which may be attributed legally to the Insured Party as a consequence of patrimonial and non-patrimonial damages due to bodily and/or material injuries caused to third parties exclusively resulting from playing golf.

1.2 Exclusions

Article 2

In addition to the exclusions given in article 4 of the General Conditions, the following are also excluded from the scope of cover of this guarantee:

- a) Criminal liability;
- b) Damages caused to objects entrusted to the safekeeping of the Insured Party or rented by him, as well as those which have been delivered to him for transport, handling or use;
- c) Payment of penalties or fines of any nature.

Special Condition 2

Personal Accidents

1.1 Scope of Cover

Article 1

This cover guarantees, in the case of an Accident, which is understood to be a chance, sudden and unforeseeable happening resulting from an exterior cause outside the control of the Insured Person and which originates bodily injuries in said person which can be clinically and objectively proven and which result from activity directly and exclusively related to playing golf, the payment of compensation up to the limit indicated in the Specific Conditions for the following:

- a) Death

1. This cover guarantees the payment, to the Beneficiaries expressly designated in this Contract, of the insured capital fixed for this purpose in the Specific Conditions. If no Beneficiary is designated, the insured capital will be assigned according to the rules and by the order established for legal succession in paragraphs a) to d) of nº 1 of Article 2133 of the Portuguese Civil Code, except when, if there are no heirs in the classes foreseen in paragraphs a) and b), heirs are nominated in a will.

2. Payment of the capital sum for Death is only due if this occurs within two years of the date of the Accident.

b) Permanent Disability

1. This cover guarantees the payment of the part of the insured capital resulting from the application of the Disability Table appended to this Policy.

2. Permanent Disability capital will only be paid if this condition is clinically verified within two years of the date of the Accident.

3. Payment of this compensation, unless there is express indication to the contrary in the Specific Conditions, will be made to the Insured Party.

4. Injuries not mentioned on the referred Table, including those of lesser importance, will be compensated in proportion with their seriousness as compared with the cases listed on the Table. Such compensation will not take the Insured Person's profession into account.

5. If the Insured Person is left-handed, the disability percentages referred to in the Table for the right arm are applicable to the left arm and vice-versa.

6. For any member or organ, the physical defects which the Insured Person already had at the time of the Accident will be taken into consideration when fixing the degree of disability resulting from the accident, which will thus be the difference between the degree of disability at the time of the Accident and that existing after the Accident.

7. Functional disability, partial or total, of a member or organ is considered to be the same as the corresponding partial or total loss.

8. The accumulated losses for the same member or organ cannot exceed that for the total loss of that member or organ.

9. Whenever an Accident results in injuries to more than one member or organ, the total compensation is obtained by summing the value of the compensation amounts for each of the injuries. The resulting amount cannot exceed the insured capital.

10. The insured capital amounts for this cover are not cumulative and so, if the Insured Person should die as a consequence of the Accident, the Death capital

compensation paid will be reduced by any amount for Permanent Disability which may have already been awarded or paid in relation to the same Accident.

c) Treatment Expenses

1. The Insurer will reimburse, up to the amount fixed for this effect in the Specific Conditions, the expenses necessary for the treatment of the injuries suffered by the Insured Person.

2. Reimbursement will be made to the person who can demonstrate, by the handing over of documentary proof, that he has paid the expenses.

1.2 Exclusions

Article 2

In addition to the exclusions given in article 4 of the General Conditions, the following are also excluded from the scope of cover of this guarantee:

- a) Hernias of any type, varicose veins and related complications, and lumbago;
- b) Repair of artificial limbs and/or orthoses, as well as their fixing if this is not a direct result of the Accident;
- c) Disturbance or damage solely of a psychic nature;
- d) Heart attack, except if this is caused by external physical trauma;
- e) Any other illnesses, when it is not proven, by an unequivocal and indisputable medical diagnosis, that these are a direct consequence of the Accident.

1.3 Age Limit

Article 3

This cover does not apply to people younger than 14 (fourteen) years of age or older than 70 (seventy) years, unless expressly agreed to the contrary.

TABLE TO BE USED FOR CALCULATING COMPENSATION DUE TO PERMANENT DISABILITY

A) Permanent Total Disability

	%
- Total loss of both eyes or the vision in both eyes	100
- Complete loss of use of both arms or both legs	100
- Incurable and total mental alienation, resulting directly or exclusively from an accident	100
- Complete loss of both hands or both feet	100
- Complete loss of an arm and a leg or a hand and a leg	100
- Complete loss of an arm and a foot or a hand and a foot	100
- Hemiplegia or complete paraplegia	100

B) Permanent Partial Disability

Head	%
- Complete loss of one eye or reduction of binocular vision to half	25
- Total deafness	60
- Complete deafness in one ear	15
- Post-impact cranial trauma syndrome, without objective signal	5
- Generalised post-trauma epilepsy, one or two convulsion crises per month, treatable	50
- Absolute anosmia	4
- Fracture of nasal bones or nasal septum with respiratory difficulties	3
- Total nasal stenosis, unilateral	4
- Non-consolidated fracture of the lower jaw bone	20
- Total or near total loss of all teeth: with possibility of fitting artificial teeth	10
without possibility of fitting artificial teeth	35
- Complete removal of lower jaw bone	70
- Loss of skull double bone material with maximum diameter: greater than 4 cm	35
greater than 2 cm and equal to or less than 4 cm	25
of 2 cm	15

Arms and Shoulders	%R	%L
- Fracture of collarbone with obvious consequences	5	3
- Slight rigidity of shoulder	3	3
- Rigidity of shoulder, projection forwards and abduction not reaching 90°	15	11
- Complete loss of shoulder movement	30	25
- Amputation of arm to upper third or complete loss of use of arm	70	55
- Complete loss of use of a hand	60	50
- Non-consolidated fracture of a hand	40	30
- Pseudoarthrosis of two forearm bones	25	20
- Complete loss of movement of elbow	20	15
- Amputation of thumb: losing the metacarpal	25	20
retaining the metacarpal	20	15
- Amputation of forefinger	15	10
- Amputation of middle finger	8	6
- Amputation of ring finger	8	6
- Amputation of little finger	8	6
- Complete loss of fist movements	12	9
- Pseudoarthrosis of just one forearm bone	10	8
- Fracture of 1 st metacarpal with consequences which determine functional disability	4	3
- Fracture of the 5 th metacarpal with consequences which determine functional disability	2	1

Legs	%
- Disarticulation of a leg at the hip joint or complete loss of use of a leg	60
- Middle third amputation of thigh	50
- Complete loss of use of leg below the knee joint	40
- Complete loss of foot	40
- Non-consolidated fracture of a thigh	45
- Non-consolidated fracture of a leg	40
- Partial amputation of a foot, comprising all of the toes and part of the foot	25
- Complete loss of hip movement	35
- Complete loss of knee movement	25
- Complete ankylose of ankle in favourable position	12
- Moderate consequences of transverse fracture of kneecap	10
- Shortening of lower leg by:	
5 cm or more	20
3 to 5 cm	15
2 to 3 cm	10
- Amputation of big toe of foot with its metatarsal	10
- Complete loss of any toe of a foot, except for the big toe	3

Spine – Thorax	%
- Fracture of cervical vertebral column without medullar lesion	10
- Fracture of dorsal or lumbar vertebral column: Compression with clear spinal rigidity, without neurological signals	10
- Cervicalgia with clear spinal rigidity	5
- Lumbago with clear spinal rigidity	5
- Slight paraplegia, walking possible, spasms dominant over paralysis	20
- Nerve pain with propagation (slight)	2
- Isolated fracture of sternum with non-important consequences	3
- Single rib fracture with non-important consequences	1
- Multiple fractures of ribs with important consequences	8
- Residues of traumatic effusion with radiological signals	5
- Ablation of the spleen, with haematological consequences, without clinical presentations	10
- Nephrectomy	20
- Abdominal scar of surgical intervention with 10 cm eventration, inoperable	15

Special Condition 3

Assistance given to Insured Persons

1.1 Definitions

Article 1

Accident: The happening resulting from a sudden, external and violent cause outside the control of the Insured Party / Person which produces bodily injuries in said person which can be clinically and objectively proven.

Illness: All involuntary changes in state of health not caused by an accident and which are verified by a doctor.

Assistance Service: Set of resources and/or services put at the disposal of the Insured Person and guaranteed by the entity providing the same.

1.2 Scope of Cover

Article 2

This cover guarantees the following risks up to the respective limits and in accordance with the principles and exclusions mentioned:

1. Sanitary transport or repatriation of injured or ill persons

If any of the insured persons is the victim of an accident or sudden illness during the period when the policy is in effect, the Insurer will bear the following costs up to the established limit:

- a) The cost of ambulance transport to the closest clinic or hospital;
- b) The costs of the observation, by its medical team, in collaboration with the doctor looking after the injured or ill insured person, required to determine the measures to be taken for ensuring the best treatment is followed and the most appropriate means for any possible transfer to another, more suitable hospital or for the person's continued stay in Portugal, according to what is prescribed by the doctor in charge and agreed with the Insurer's medical department;
- c) The expenses of this transfer by the most suitable means of transport to the prescribed hospital or to the person's residence in Portugal. If the insured person is transferred to a hospital far from his residence in Portugal, the Insurer will bear the expenses involved in his transfer there.
- d) The guarantees of a medical character or for sanitary transport or repatriation should only be put into effect with the prior agreement of the doctor looking after the insured person, the doctor in charge of the hospital looking after the insured person and the Insurer's medical department. As soon as necessary clinical

conditions exist for the transport or repatriation of the insured person, the means of transport and any medical accompaniment will be decided on.

e) These decisions will be taken exclusively as a function of the clinical state of the insured person and with respect to current sanitary rules and standards.

2. Accompaniment during sanitary transport or repatriation

If warranted by the state of the insured person who is to be transported or repatriated for health reasons, the Insurer, after hearing the opinion of the doctor, will bear the travel expenses of another insured person who is at the same location as the injured insured person, to accompany the latter.

3. Accompaniment of hospitalised Insured Person

If the insured person is hospitalised and his state of health is such that he should not return or be repatriated immediately, the Insurer will bear the expenses for a family member or a person designated by the insured person and who is already at the locale to stay in a hotel to accompany him. This hotel stay should not have been already planned and the expenses thereof will be borne up to the established limit.

4. Return transport ticket for a family member and respective stay

If the insured person's hospitalisation exceeds 10 days and it is not possible to activate the guarantee foreseen in number 5.3, the Insurer will bear the expenses incurred by family member to travel to be with him. This return journey will be by 1st class train or tourist class plane ticket, with departure from Portugal. The Insurer will also bear the accommodation costs for that person up to the established limit.

5. Extension of hotel stay

If, after the occurrence of the illness or accident, the state of the insured person is such that hospitalisation or sanitary transport is not justified, and if his return cannot be made on the initially foreseen date, the Insurer will bear the hotel accommodation expenses actually incurred by him and a person who stays behind to accompany him up to the established limit.

When the insured person's state of health allows, the Insured will take care of his return journey, and that of any person accompanying him, should they not be able to return as planned initially.

6. Transport or repatriation of Insured Persons

If one or more insured persons have been repatriated or transported for reasons of illness or accident in accordance with the guarantee foreseen in number 5.1, and if due to this fact it has not been possible for the other insured persons to return to their residences in Portugal by the initially planned means, the Insurer will bear the expenses for transporting those people to their habitual place of

residence or to the place where the transported or repatriated insured person is hospitalised.

If the insured persons are minors, below the age of 14 years, and do not have a family member or trusted person to accompany them on the journey, the Insurer will bear the expenses incurred by a person to travel with them to their place of residence in Portugal or to the place where the insured person is hospitalised.

7. Medical, surgical, pharmaceutical and hospitalisation expenses abroad

If, as a consequence of an accident or illness occurring abroad during the period when the policy is valid, any of the insured persons need medical, surgical, pharmaceutical or hospital assistance, the Insurer will, up to the established limits, bear or reimburse on presentation of documentary proof, the following:

- a) medical and surgical expenses and fees;
- b) cost of medically prescribed pharmaceutical products;
- c) hospitalisation expenses.

7.1 Dental matters: The Insurer only guarantees payment of medical expenses related to the provisional treatment of urgent dental matters.

7.2 From the time when repatriation is clinically possible and cleared by the medical teams, hospitalisation costs will no longer be the Insurer's responsibility.

8. Transport or repatriation of a deceased person and accompanying Insured Persons

The Insurer will take care of all the formalities and bear all of the costs incurred at the place where the insured person has died as well as the formalities and costs related to the deceased's transport or repatriation to the place of burial in Portugal. In the case of insured persons who were accompanying the deceased when he died and who cannot return by the initially planned means or who cannot use the already purchased transport ticket, the Insurer will pay the transport expenses for them to return to their habitual place of residence or to the place of burial in Portugal.

If the insured persons are minors, below the age of 14 years, and do not have a family member or trusted person to accompany them on the journey, the Insurer will bear the expenses incurred by a person to travel with them to the place of burial or to their residence in Portugal.

If, for administrative reasons, it is necessary to bury the deceased provisionally or definitively locally, the Insurer will bear the transport expenses of a family member, if there are none already at the locale, providing them with a return 1st class train ticket or tourist class plane ticket to travel from their home to the

place of burial. The Insurer will also pay accommodation expenses at the place of burial up to the established limit.

9. Early return

If, when an insured person is on a journey, his spouse or the person with whom he cohabits permanently, or 2nd degree ancestors or descendants, adopted children, siblings, parents-in-law or siblings-in-law, should die, and if the means or ticket bought for his journey does not allow an early return, the Insurer will bear the expenses of a 1st class train or tourist class plane journey from where he is staying to his habitual place of residence or to the place of burial in Portugal.

This guarantee also comes into effect in cases where the insured person's spouse or person with whom he permanently cohabits, or an ancestor or descendant up to 2nd degree, should become the victim in Portugal of an accident or unforeseeable illness which is so serious that the insured person must urgently travel to be with that person. The seriousness of the illness must be confirmed by the Insurer's doctor who will contact the doctor looking after the person in question. If, following the premature return, it is essential to return to the place where the insured person was staying on his travels in order to bring back a vehicle or other insured persons by the initially planned means, the Insurer will provide a travel ticket for the insured person on the means mentioned above and will bear the respective costs.

10. Theft of baggage abroad

In the case of theft of baggage and/or personal objects, the Insurer will, if requested, help the Insured Person in reporting the incident to the authorities.

In the case of theft, loss or misplacement of said belongings, if these are found again the Insurer will look after sending them to the place where the Insured Person is staying or to his home as long as the belongings are properly packed and transportable, being less than 100 kg in weight.

11. Cash advance abroad

In the case of theft or loss of baggage or money and when the items in question are not recovered within 24 hours, the Insurer will advance the funds necessary for substituting the items that have disappeared, up to the limit stated, on the prior deposit or handing over to the Insurer of a bank-guaranteed cheque for the same amount.

12. Return of baggage from abroad

When insured persons are repatriated, the Insurer will look after the return of their baggage and personal belongings, up to a maximum weight of 100 kg, as long as the items in question are properly packed and are transportable.

13. Locating and sending urgently needed medicines

The Insurer will guarantee the sending of indispensable medicines habitually used by the Insured Person whenever these cannot be obtained locally or cannot be substituted by generically identical medicines. The price of the medicines and customs rates and expenses will be borne by the Insured Person.

14. Loss of baggage on regular flights

If the airline company misplaces the Insured Person's baggage at the air flight destination and this is not the Insured Person's place of residence, and if the baggage is not recovered within 24 hours, the Insurer will reimburse expenses incurred on items of first necessity up to the established limit.

15. Loss of golf equipment

In the case of the loss of golf equipment occurring during air transport, including transfers to the hotel, or during a hotel stay, the Insurer guarantees a daily amount for paying for the hire of the respective equipment up to the established limit.

Losses occurring on the return journey to the country of origin, after check-out from the hotel, are excluded.

16. Transmission of messages

The Insurer will attend to the transmission of urgent messages that it is asked to deal with by the Insured Person as a result of the occurrence of some happening covered by these guarantees.

17. Unused Transport

Insured Persons who have used transport provided under this contract must take all steps necessary to obtain reimbursements for the unused transport tickets and hand the amounts recovered to the Insurer.

Should it not be possible to obtain such a reimbursement, the Insured Person must return the unused transport tickets to the Insurer.

1.3 Exclusions

Article 3

1. General exclusions

This policy does not cover those services which have not been requested of the Insurer through the Assistance Services, or those expenses that have not been incurred with the Insurer's agreement, except in cases of force majeure or of demonstrated material impossibility.

2. Guarantee exclusions related to Insured Persons in the context of Travel Assistance cover

The following are always excluded from the Travel Assistance scope of cover:

2.1 Injuries or illnesses already existing at the start of the journey;

2.2 Mental illness or any illness of a psychiatric nature;

2.3 Accidents resulting from an illness or pathological state existing before the start of the journey as well as injuries resulting from surgical interventions or other medical acts not brought about by the Accident guaranteed under the contract;

2.4 Suicide or attempted suicide by the Insured Person and the consequences thereof, as well as other acts intentionally carried out by the Insured Person on himself;

2.5 Fraudulent or criminal acts, or ones contravening public order, to which the Policyholder or the Insured Person are material or moral authors or to which they are accomplices;

2.6 Actions or omissions of the Insured Person influenced by the use of non-prescribed narcotics, or alcoholic drinks that result in a blood alcohol content equal to or greater than that which, if the person were driving under the effect of alcohol, would be considered as a criminal offence;

2.7 Expenses with false limbs and teeth, glass and contact lenses and dental expenditure;

2.8 Accidents resulting from professional or federated amateur sporting activity and respective training as well as carrying out other "special" sports such as mountaineering, boxing, karate and other martial arts, bull-fighting, skydiving, paragliding, hang gliding, all radical sports, caving, undersea fishing and hunting, winter sports, any sports involving motorised vehicles (2 wheels or other configurations), motor boat sports and other sports similar in terms of danger;

This exclusion does not apply to golfing or to the use of golf buggies.

2.9 Childbirth and complications due to pregnancy, except if unforeseeable and occurring during the first six months of pregnancy;

2.10 Accidents resulting from natural catastrophes such as cyclonic winds, earthquakes, tsunamis, and other phenomena similar in terms of their effects and range of action;

2.11 Attacks, strikes, labour disturbances, riots and any other public order disturbances, rebellions, acts of terrorism and sabotage or insurrection;

2.12 Revolution, civil war, invasion and declared or undeclared war against a foreign country, hostilities between foreign nations, whether or not war has been declared, and warlike acts arising directly or indirectly from those hostilities;

2.13 Accidents resulting from the use by the Insured Person of aircraft or vessels not belonging to commercial lines or companies;

2.14 Accidents from an explosion or any other phenomena directly or indirectly related to the disintegration or fusion of atomic nuclei, as well as the effects of radioactive contamination;

2.15 Treatment in thermal spas or beaches and, in general, change-of-air or rest cures as well as aesthetic treatment;

2.16 Expenditure on preventive medicine, vaccines or similar, including medical fees;

2.17 Expenses with rehabilitation and physiotherapy undertaken without the agreement of the Insurer's medical team;

2.18 Medical expenses for treatment started in the country of residence or nationality;

2.19 Medical, surgical and hospitalisation expenses in Portugal.

Limits and sub-limits

1. Sanitary transport or repatriation of injured and ill persons	No limit
2. Accompaniment during sanitary transport or repatriation	No limit
3. Accompaniment of hospitalised Insured Person	50,00 / day 500,00 max.
4. Return transport ticket for family member and respective accommodation - Transport - Accommodation	No limit 50,00 / day 500,00 max.
5. Extension of stay in hotel	50,00 / day 500,00 max
6. Transport or repatriation of Insured Persons	No limit
7. Medical, surgical, pharmaceutical and hospitalisation expenses abroad	3.000,00 /person/journey with max. of 15.000,00 per incident loss
8. Transport or repatriation of deceased and accompanying Insured Persons: - Transport - Accommodation	No limit 50,00 / day 500,00 max
9. Early return	No limit
10. Baggage theft abroad	No limit
11. Cash advance abroad	2.000,00 euros
12. Return of baggage abroad	No limit
13. Location and sending of urgent medicines	No limit
14. Baggage loss on regular flights	100,00
15. Loss of golf equipment	60,00 / day 600,00 max. / incident loss
16. Transmission of messages	No limit
17. Unused transport tickets	No limit

Special Condition 4

Damage to Golf Equipment

1.1 Scope of Cover

Article 1

This cover guarantees, up to the limit indicated in the Specific Conditions, the payment of compensation for damage to golf equipment owned by the Insured Party caused by breakage, fire or theft, providing that such damage occurs:

- a) during the practice of golf;
- b) when the equipment is in the care of any officially recognised golf club;
- c) when the equipment is transported by the Insured Party in any means of transport and providing such damage is a consequence of an accident with that means of transport.

The isolated theft of the equipment is only covered if the equipment was in the vehicle's baggage compartment (and not visible from the exterior) and providing it can be proved that the vehicle was broken into or stolen.

The Policyholder or the Insured Party must, under penalty of being responsible for all losses and damages, immediately report the theft of the goods covered by this cover to the authorities.

1.2 Exclusions

Article 2

In addition to the exclusions listed in Article 4 of the General Conditions, damages resulting from the following are also excluded from the scope of cover:

- a) neglect or damage caused voluntarily by the Insured Party;
- b) abandonment or unexplained disappearance.

Special Condition 5

Hole in One

1.1 Scope of Cover

Article 1

This cover guarantees, up to the limit indicated in the Specific Conditions, the reimbursement of the traditional bar expenses incurred by the Insured Party as a consequence of making a “hole in one” during a golf game or competition.

The reimbursement of the referred expenditure, duly documented, will only be made if the achieving of the “hole in one” is proven by the signature of the other players and the secretary of the Club where the game or competition took place.

Special Condition 6

Variable Premium Contracts and Open Policy Contracts

1. In variable premium contracts and open policy contracts, the premiums and subsequent fractions are due for payment on the date of issue of the respective receipt.
2. The Insurer must, no less than 30 days before the date on which the premium or subsequent fraction is due, notify the Policyholder in writing of that date, the amount to be paid, the method and place of payment and the consequences of non-payment of the premium or fraction.
3. Under the terms of the law, if the premium or fraction referred to in the previous number is not paid by the date indicated in the notice the Policyholder is considered to be overdue and, 30 days after that date, the contract is automatically terminated, with no possibility of it being put into effect again.
4. During the period referred to in the previous number, the contract is fully valid for all purposes, namely, for cover risks.
5. The termination does not exonerate the Policyholder from its obligation to pay the premiums or fractions that are owed for the period of time when the contract was in operation and it must compensate the Insurer with the amount established for this purpose in the Specific Conditions, as a penalty. Late payment interest will be added with this being due on the penalty foreseen, calculated from the date when the Policyholder was notified to pay the compensation.
6. The penalty foreseen in the previous number cannot exceed 50% of the difference between the premium due for the period of time initially contracted and the fractions which may have already been paid.